# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST ROCINEY NICKNAME VAN Oubekerke	MI 	OFFICE USE ONLY  Date Received ity Clerk  O 18  OCT 2 8 2010		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;  323 SCOTT  SAN MARCO  AREA CODE PHONE NUMBER		City of San Marcos  Date Hand-delivered or Date Postmarked  Receipt # Amount		
5 CANDIDATE/ OFFICEHOLDER PHONE 6 CAMPAIGN	(512) 878-0461	EXTENSION	Date Processed		
TREASURER NAME	MS/MRS/MR  GYEG WUYZBACH  NICKNAME  LAST  LAST  AN CO		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #;	CITY; STATE;	21P CODE 05, TV 7866		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (5/2) 787- 754-72	EXTENSION 2			
9 REPORTTYPE	January 15 30th day before election  July 15 8th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH	Month Day	Year / / Ó		
11 ELECTION	ELECTION DATE Month Day Year  // / O2 / / O Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION Name				
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	9			
GO TO PAGE 2					

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

<u> </u>			
15 C/OH NAME			<b>16</b> ACCOUNT # (Ethics Commission Filers)
17 NOTICE FROM POLITICAL	CANDIDATE / OFFICE	I TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA EHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			
		COMMUTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 100.
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL	\$ 1,444.48	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	DAY \$ 1,094,44
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	THE \$
19 AFFIDAVIT	MARGAHET J. SA MY COMMISSION I January 6, 20	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report I information required to be reported by
		/	
AFFIX NOTARY STAME		Rodoeu Van A	h. Nok. Yo
Sworn to and subs	of OCTOB	me, by the said Rang Van Ö	my hand and seal of office.
Signature of officer admir	L J Sally pistering oath	as Margaret J. Salinau  Printed name of officer administering oath	Senior Deputy Local Title of officer administering oath
	<b>5</b>		Registrar

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

#### SCHEDULE A

O I I I I				
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	ithics Commission Filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
***************************************			(If travel outside	l of Texas, complete Schedule T)
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date /0-18-10	Full name of contributor out-of-state PAC (ID#:_  LUPE CAR SATAL & A  Contributor address; City; State; Zip Code  125 GUADALUPE S		Amount of contribution (\$)	In-kind contribution description (if applicable)
		, , , , , , , , , , , , , , , , , , ,	(If travel outside o	of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zíp Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	·····	f Texas, complete Schedule T)
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE	AS NEEDED	

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

# POLITICAL EXPENDITURES

P.O. Box 12070

## SCHEDULE F

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense			Repayment/Reimbursement	
Accounting/Banking			ortation Equipment & Related Expense	
Consulting Expense	Food/Beverage Expense Travel In Distri	Contin	outions/Donations Made By	
Event Expense Fees	Polling Expense Travel Out Of Printing Expense Office Overhea		ndidate/Officeholder/Political Committee	
1 663			R (enter a category not listed above)	
4 T-1-1 O-11	The Instruction Guide explains how		······································	
1 Total pages Schedule F:	2 FILER NAME	, 3	ACCOUNT # (Ethics Commission Filers)	
2	Rodney Van Oudekerk	<i>y</i>		
4 Date	5 Payee namé			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel	outside of Texas, complete Schedule T)	
OF			·	
EXPENDITURE				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/C	DH			
Dete	Payeo name			
Date 9-27-10	Payee name			
70110	FED-EX KINKOS			
Amount (\$)	Payee address; City; State; Zip Code			
442,72	SAN MARCOS			
1-1018	3/11 1/01.00			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)	
OF	Philippin EVOLORA		ards	
EXPENDITURE	Printing Expense	Push C	1100	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	DH .			
Date	Payee name			
10-0-10	DR. Don's Button 5			
Amount (\$)	Payee address; City; State; Zip Code			
.0				
200,43				
0100				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel	outside of Texas, complete Schedule T)	
OF	Printing Expense	Button:		
EXPENDITURE	Printing Expense	100770n=	2	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/O	)H			
D-4:				
Date	Payee name			
10-12-10	579h 14715			
Amount (\$)	Payee address; City; State; Zip Code			
. 4			1	
205 68	oha la	1. Mancor		
400,	CHEATHAM SA	in Marcos	IX	
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel of	outside of Texas, complete Schedule T)	
OF	Drinding.		33.134.13	
EXPENDITURE	Printing	Signs		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
ATTACILA PRITIONAL CORICO CETURO COLICORIO E LO METODO				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## **POLITICAL EXPENDITURES**

P.O. Box 12070

## SCHEDULE F

				***************************************	
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking	Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Loan Repayment/Reimbursement Legal Services Solicitation/Fundraising Expense Transportation Equipment & Related Expens				
Consulting Expense	Facility and Francisco Tourism Tourism Division			nsportation Equipment intributions/Donation:	•
Event Expense		el Out Of Distric	ct		der/Political Committee
Fees		e Overhead/Rei	•	HER (enter a catego	ory not listed above)
	The Instruction Guide expla	ins how to co	omplete this form.	<b>-</b>	
1 Total pages Schedule F:	RODACY VAN OUSE	Va la		3 ACCOUNT # (E	Ethics Commission Filers)
4.5-4		AFICE		L	
4 Date	5 Payee name				
C A	7 0	7:- 0 -1			
6 Amount (\$)	7 Payee address; City; State; Z	Zip Code			
8 PURPOSE	(a) Category (See categories listed at the top of this s	chedule)	(b) Description (If tra	avel outside of Texas, co	mplete Schedule T)
OF EXPENDITURE					
	Candidate / Officeholder name		Office sought		Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C			Office sought		Office field
Date 10-12-10	Payee name				
	SM DAY. RECOVE				
Amount (\$)	Payee address; City; State; Z	Zip Code			
ファトル					
325.00	SMTX				
PURPOSE	Category (See categories listed at the top of this s	chedule)	Description (If tra	evel outside of Texas, cor	mplete Schedule T)
OF					
EXPENDITURE					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
Date	Payee name				
10-18-10	TAQUERIA El Char	TAQUE	2 K I M		
Amount (\$)	TAQUENIA ET CHAP Payee address; City; State; Z	ip Code			
. 201	,				
12 6/2	1/h/chison Si	nTV			
PURPOSE	Category (See categories listed at the top of this si		Description (If tra	evel outside of Texas, cor	nolete Schedule T)
OF	E OB			·	
EXPENDITURE	FOOD Elpins.		VOL ME	eting	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name		Office sought		Office held
experientiale to benefit C/O	П				
Date	Payee name				
10-18-10	FEDEX KMKOS				
Amount (\$)	Payee address; Cíty; State; Z	ip Code			
2-1107					
254.	SMTX				
PURPOSE	Category (See categories listed at the top of this so	chedule\	Description //f/co	vel outside of Texas, con	nolete Schedulo T\
OF	in .	, louding)	1		ubiera ocuannia ()
EXPENDITURE	Printing		Push C	lares	
Complete ONLY if direct	Candidate / Officeholder name		Office sought		Office held
expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					